

BOROUGH OF PRESTWICH



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

Chief Sanitary Inspector

FOR THE YEAR 1950





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REPORT

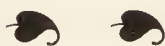
OF THE

MEDICAL OFFICER OF HEALTH

AND

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FOR THE YEAR 1950



BOROUGH OF PRESTWICH

The Mayor — COUNCILLOR J. G. HALLAS, J.P.

Public Health Committee, 1950/51.

COUNCILLOR A. E. PIMLOTT, CHAIRMAN.
(Deceased 5/7/50)

„ L. F. BARROW, CHAIRMAN.
(Vice-Chairman prior to July, 1950.)

„ E. MOLYNEAUX, VICE-CHAIRMAN.

ALDERMAN A. PIMLOTT.

„ C. E. TRAVIS.

„ A. L. WILLIAMS.

COUNCILLOR C. P. BEARDSALL.

„ F. BUTTERWORTH.

„ G. W. COE.

„ MRS. V. B. DICKINSON.

„ H EVANS. (from September, 1950).

„ J. PHYTHIAN.

Town Clerk — F. H. ASHTON. (Retired March 1950)
C. A. CROSS, Barrister-at-Law.

Officers of the Public Health Department.

Medical Officer of Health—

C. H. T. WADE, M.D., Ch.B., B.Sc., D.P.H.

Chief Sanitary Inspector—

L. T. J. TRIPPIER, Cert.R.S.I., N.R.P., Cert.,
Certified Meat and Food Inspector.

Additional Sanitary Inspectors—

L. STEWART, Cert.R.S.I. Certified Meat and Food Inspector.
(to 28-10-50).

V. K. HALLOWS, Cert.R.S.I. Certified Meat and Food Inspector
Smoke Inspector's Certificate. (from 27/11/50)

A. HINKLEY, Cert.R.S.I.

Clerks— H. DIXON AND R. EATOUGH.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
PRESTWICH.

September, 1951.

TO HIS WORSHIP THE MAYOR AND ALL MEMBERS
OF THE COUNCIL.

I have the honour to present the Annual Report for the year 1950, on the health and sanitary conditions of the district.

The 1951 census gave an actual population figure of 34,387 which was very close to the Registrar General's estimate of 34,730 for mid 1950.

The adjusted live birth rate was 14.1 and the adjusted death rate 10.6 per 1,000 of the population. Both rates were lower than those for England and Wales which were 15.8 and 11.6 respectively. The infant mortality rate was 38 per 1,000 live births, compared with the national rate of 29.8. There was one death due to an unusual complication of pregnancy.

One boy aged eight years was found at post mortem examination to have died from diphtheria, this case and the associated family infection is fully described in the text and accounts for all seven cases of diphtheria recorded.

There were two cases of poliomyelitis (infantile paralysis), one was a girl aged 12 years who was severely affected, and the other was a boy aged 13 years who recovered fairly well.

Respiratory tuberculosis caused four deaths and there were 28 new cases of the disease. Other forms of tuberculosis were responsible for four more deaths and there were six new cases of non-respiratory tuberculosis.

Twenty-six notifications of food poisoning were received and in view of the increasing importance of this matter, a special section has been devoted to it with illustrations from the outbreaks which occurred during the year. It is hoped that this account will serve a useful purpose in improving the knowledge of the general public in regard to food poisoning.

The Council adopted the model food byelaws and approved a scheme of personal visitation of all food premises by health department staff. A joint meeting of all the Chief Sanitary Inspectors in Health Division 12 was held in order to secure uniformity of action. The Medical Officer of Health and staff of Bury County Borough also joined in the discussions. A code of practice was drawn up. This means that recommendations were made for the safer handling of food but they have not the force of law.

The water supply has been generally satisfactory but one sample showed a variety of the larger water organisms and aquatic plants whose presence was objectionable but not dangerous.

One quarter of the raw milk samples taken, were bacteriologically unsatisfactory. All samples of heat treated milk and pasteurised milk were satisfactory and free from infection. It is evident, therefore, that raw milk as received in Prestwich is not safe for consumption unless boiled, this is particularly so in the case of babies and young children.

Numerous complaints were made about waste food bins during the summer months. It is difficult to keep them wholesome and free from nuisance in hot weather, partly because decaying and fly infested food is placed in them by the public. In certain instances the removal of the bins was recommended.

Only five houses were completed by the Council during the year and 14 by private enterprise. A new housing site is being prepared at Carr Clough and approval has been received for the erection of 116 houses.

The priority waiting list at the end of 1950, was ninety-one.

I wish to thank the members of the Council and officers for their valued help and co-operation during the year.

I am, Ladies and Gentlemen,

Your obedient Servant,

C. H. T. WADE,

MEDICAL OFFICER OF HEALTH.

SECTION A.

STATISTICS and
SOCIAL CONDITIONS

STATISTICAL SUMMARY.

Area—2,420 acres.

Population—Registrar General's estimate of :—

home population mid 1950 34,730.

No. of inhabited houses, according to Rate Books at the end of 1950—10,107.

Rateable value 1950—£241,431.

Sum represented by a penny rate—£978.

Social conditions are generally good, the area is mainly residential and the two chief industries are bleaching, dyeing and finishing, and the manufacture of soap and toilet requisites.

VITAL STATISTICS.

		Total.	M.	F.	
Live Births	Legitimate	436	237	199	Birth-rate per 1,000 estimated home population mid-1950.
	Illegitimate	11	8	3	
	Total	447	245	202	
					Crude 12.9
					Adjusted 14.1
Stillbirths		6	3	3	Rate per 1,000 total (live and still) births—13
Deaths		364	169	195	Death rate per 1,000 estimated home population mid-1950—
					Crude 10.5
					Adjusted 10.6
Maternal mortality—					
	Deaths from pregnancy, childbirth and abortion				1
	Mortality rate per 1,000 total (live and still births)				2.21
Death-rate of infants under one year of age—					
	All infants per 1,000 live births				38
	Legitimate infants per 1,000 legitimate live births				34
	Illegitimate infants per 1,000 illegitimate live births				182
Neo-natal mortality—					
	Deaths of infants under four weeks of age				12
	Mortality rate per 1,000 live births				27

VITAL STATISTICS.

	Per 1,000 of estimated population.				Maternal mortality rate		Rate of deaths under one year per 1,000 live births
	Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	Death-rate from cancer	Per 1,000 live births	Per 1,000 total (live and still) births	
POPULATION— For birth-rate } 34,730 For death-rate }							
Mean of 5 years, 1945-1949	15.1	10.6	0.28	1.71	0.78	0.76	38
Year 1949	12.5	10.7	0.29	1.87	nil.	nil.	23
Year 1950	†12.9	*10.5	0.12	—	2.24	2.21	38
Increase or decrease in 1950 on 5 years' average, 1945-1949	—2.2	—0.1	—0.16	—	+1.46	+1.45	Nil.
Previous year	+0.4	—0.2	—0.17	—	+2.24	+2.21	+15

* 1950 adjusted death-rate (comparability factor, 1.01) = 10.6 per 1,000.
† „ „ birth-rate „ „ = 14.1 „

The following tables show how the vital statistics for Prestwich compare with those for England and Wales and other Authorities in respect of birth rates, civilian death rates, analyses of mortality and maternal mortality in the year 1950.

Provisional figures based on quarterly returns.

	England and Wales	126 County Boroughs and Great Towns (including London)	148 Smaller Towns (Resident Population 25,000 50,000 at 1931 Census)	London Adminis- trative County	Prestwich
Births—					
Rates per 1,000 Home Population.					
Live births	15.8	17.6	16.7	17.8	14.1
Still births	0.37	0.45	0.38	0.36	13.0
Deaths.					
All causes	11.6	12.3	11.6	11.8	10.6
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00	0.00
Whooping cough	0.01	0.01	0.01	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.03
Tuberculosis	0.36	0.42	0.33	0.39	0.23
Influenza	0.10	0.09	0.10	0.07	0.34
Smallpox	—	—	—	—	—
Acute poliomyelitis (including polioen- cephalitis)	0.02	0.02	0.02	0.01	0.03
Pneumonia	0.46	0.49	0.45	0.48	0.20
Notifications (Corrected).					
Typhoid fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid fever...	0.01	0.01	0.01	0.01	0.00
Meningococcal infection	0.03	0.03	0.02	0.03	0.03
Scarlet fever	1.50	1.56	1.61	1.23	1.69
Whooping cough	3.60	3.97	3.15	3.21	1.55
Diphtheria	0.02	0.03	0.02	0.03	0.20
Erysipelas	0.17	0.19	0.16	0.17	0.23
Smallpox	0.00	0.00	—	—	—
Measles	8.39	8.76	8.36	6.57	3.44
Pneumonia	0.70	0.77	0.61	0.50	0.55
Acute poliomyelitis (including polioen- cephalitis)					
paralytic	0.13	0.12	0.11	0.08	0.06
Non-paralytic	0.05	0.05	0.06	0.05	0.03
Food poisoning	0.17	0.16	0.14	0.25	8.75
Deaths.					
Rates per 1,000 Live Births.					
All causes under 1 year of age	29.8(a)	33.8	29.4	26.3	38.0
Enteritis and diarrhoea under 2 years of age	1.9	2.2	1.6	1.0	0.00
Notifications (Corrected).					
Rates per 1,000 Total (Live and Still) Births					
Puerperal fever and pyrexia	5.81	7.43	4.33	6.03	0.09

MATERNAL MORTALITY IN ENGLAND AND WALES.

International List No. and cause.	Rates per 1,000 Total (Live and Still) Births.	Prestwich	Rates per million women aged 15—44
651. Abortion with sepsis	0.09	—	7
650, 652. Other abortion	0.05	—	4
640–649, 670–678. Compli- cation of pregnancy and delivery	0.54	2.21	
681. Sepsis of childbirth and the puerperium	0.03	—	
680, 682–689. Other com- plications of the puerperium	0.15	—	

(a) Per 1,000 related live births.

CAUSES OF DEATH DURING 1950.

	M.	F.
Tuberculosis of Respiratory System	1	3
Tuberculosis, other	1	3
Syphilitic disease	0	1
Diphtheria	1	0
Other infective and parasitic diseases	1	1
Malignant neoplasm, stomach	3	4
Malignant neoplasm, lung, bronchus	8	1
Malignant neoplasm, breast	1	9
Malignant neoplasm, uterus	0	4
Other malignant and lymphatic neoplasms	15	19
Diabetes	2	2
Vascular lesions of nervous system	11	26
Coronary disease, angina	34	16
Hypertension with heart disease	2	2
Other heart disease	31	37
Other circulatory disease	6	8
Influenza	0	12
Pneumonia	4	3
Bronchitis	14	10
Ulcer of stomach and duodenum	2	1
Gastritis, enteritis and diarrhoea	0	1
Nephritis and nephrosis	2	1
Hyperplasia of prostate	3	0
Pregnancy, childbirth, abortion	0	1
Congenital malformations	3	4
Other defined and ill-defined diseases	18	21
Motor vehicle accidents	1	0
All other accidents	2	4
Suicide	3	1
All causes	169	195
Total	364	

SECTION B.

**GENERAL PROVISION
OF
HEALTH SERVICES**

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

The Lancashire County Council, under the National Health Service Act, is the responsible Authority for the provision and maintenance of local health services such as Child Welfare, Mental Health, Care of School Children and Care of the Aged.

The Ambulance, District Nursing, Midwifery and Maternity and Child Welfare Services provided by the County Council are administered under the Divisional Health Service Scheme by the Divisional Health Committee No. 12 from headquarters in Bury.

Hospital facilities are provided and maintained through the Regional Hospital Board and Hospital Management Committees. Patients are admitted without regard to local authority boundaries.

The Borough Council is responsible for the provision of the remainder of local health services and the whole of those matters likely to affect or be concerned with the maintenance of high standards of environmental health. These services include :—

Control of Infectious Disease (including food poisoning)

Provision of Suitable Water Supplies.

Control of food and food preparing premises (including the sampling of milk, ice cream and other food-stuffs for bacteriological examination)

Provision of sanitary accommodation to houses, factories, shops and other premises, and the provision of public sanitary conveniences.

Inspection of houses with regard to fitness for human habitation.

Detection and prevention of nuisances.

The prevention of atmospheric pollution.

Control of rat, mouse, and insect infestations.

Control of Cleansing and Disposal of Refuse.

The examination of milk, water, ice cream and samples of other foods, and the examination of pathological specimens is undertaken without charge to the Borough, by the Public Health Laboratory Service, at the Public Health Laboratory, Monsall Hospital, Manchester.

SPECIAL SECTION
ON
FOOD POISONING
AND
ALLIED CONDITIONS

FOOD POISONING AND ALLIED CONDITIONS.

Increasing attention is now being paid to illness resulting from the consumption of infected food. The following account has been written in order to spread knowledge of the causes of food poisoning and allied conditions and how they may be prevented. It is illustrated by accounts of outbreaks which took place in Prestwich in 1950.

The old idea of food poisoning was that poisonous substances, or ptomaines were produced in food which was no longer fresh or which had partly decomposed. It is now known that it is not the ageing of food which causes the illness but that it is due to contamination with certain special types of bacteria. Fortunately, only a few kinds possess the ability to produce disease in man when they gain access to his food. Many foods contain innumerable bacteria which are quite harmless; indeed the bacteria in cheese are probably beneficial to the consumer. It is known that intestinal bacteria can produce the valuable Vitamin B compounds.

“Toxin” type of food poisoning.

Some types of bacteria cause illness by producing poisonous substances (toxins) while multiplying in the food. This only occurs if the food is kept at a warm temperature for a few hours after it has been contaminated. Refrigeration effectively prevents this. In outbreaks of this type it is usual for sickness, violent stomach pains and collapse to occur within a few hours of the food being eaten (as in Outbreaks Nos. 3 and 4).

“Infection” type of food poisoning.

Other types of bacteria set up an actual infection of the alimentary tract which may spread to the whole body. This type of food poisoning is a true infectious disease, in many ways resembling mild typhoid fever and may be spread by sufferers to others with whom they come into contact. Infection may take place without preliminary multiplication of the bacteria in the food, though such multiplication may increase the severity of the resulting disease. It follows that refrigeration does not obviate the necessity for cleanliness in the preparation of food. This kind of food poisoning takes longer to develop, usually over 12 hours, perhaps even two or three days. It is then difficult to recall what food might have been to blame and it is a most certain that none will be available for examination and frequently the wrong food is selected. The fact that some fish

tasted "slightly off" is a most uncertain guide, more likely it was the sauce which went with it and which tasted perfectly fresh, because infected food cannot usually be detected by taste.

In Prestwich, 26 cases of food poisoning and 52 cases of dysentery were notified during 1950 and this by no means represents the total incidence. Many other persons must have had some acute attack of indigestion, stomach pains or diarrhoea, and recovered in a day or two without consulting their doctor. It could have been food poisoning or dysentery and the importance of such mild cases is that they are a danger signal that all is not well.

The investigation of outbreaks is carried out by the Medical Officer of Health and his staff. The necessary bacteriological examinations of food and food handlers are performed by the Director and staff of the Public Health Laboratory (Medical Research Council) at Monsall Hospital, Manchester.

The actual outbreaks to be described illustrate a number of ways in which food poisoning bacteria, derived from various sources, were able to contaminate food. In addition, an outbreak of dysentery not directly ascribed to food but presenting similar problems and an outbreak of chemical food poisoning are included as there are valuable lessons to be learned from them.

Outbreak No. 1.—"Warm kitchen and cooking the day before" trouble.

Between eight o'clock one Saturday evening in July and two o'clock on Sunday morning, a number of residents living in the same premises complained of feeling faint and collapsed. Some had abdominal pain and diarrhoea, most of them vomited, and next day a few developed a rise of temperature. Food poisoning was suspected. Saturday's lunch had consisted of minced meat and potato pie. One of the persons affected had only consumed the pie. Only one per cent of the persons who consumed this meal were affected. The illness varied from slight symptoms passing off in a few hours, to a moderately severe illness of two or three days duration with a temperature. The Medical Officer of Health received information about the suspected outbreak on Monday morning, which was much later than is desirable. By that time of course, none of the remains of the meal was available but specimens of faeces were collected from those affected and sent to the Public Health Laboratory. It takes 24 hours at least before the laboratory can ascertain whether any organisms of the food poisoning type are present.

In the meantime, full enquiry was made into the origin of the meal and about methods in the kitchen. It was found that frozen beef had been delivered on Friday afternoon and immediately minced. It was divided into two portions, one portion was kept in the refrigerator until it was required for immediate cooking and consumption on Saturday. This portion gave no trouble. The second portion was cooked on Friday evening by boiling for one hour. It was then left to cool in a warm kitchen overnight. It was also a warm weekend and this kept the temperature of the kitchen at a high level. Here lay the source of the trouble. Next day the boiled minced meat was put in a pie and cooked in the oven. The result was an outbreak of food poisoning. The laboratory was able to recover the organism considered responsible for the illness in seven out of thirteen samples sent to them.

It is an unusual organism, in that it is able to withstand boiling for one hour but only produces illness when present in food in very large numbers. Most germs are killed by such a length of cooking, but these germs form resistant spores and when the cooked meat is left in the warm kitchen overnight, the spores germinate and produce a large number of bacteria. At what stage the bacteria are most likely to gain access to the meat is still uncertain.

It will be obvious that in order to avoid such an outbreak of food poisoning as this, meat should not be prepared and cooked the day before it is required and then left in a warm kitchen. If cooking beforehand is unavoidable, the meat should be rapidly cooled by placing it in multiple small containers and putting them in a refrigerator as soon as the meat has cooled down. Very few kitchens have enough refrigeration space for this. It is not possible to cool a large mass of meat quickly. To place it in a refrigerator only results in the outside freezing. The insulating layer of solid fat which is formed keeps the interior warm and enables the kind of organism found in this outbreak to develop even in the refrigerator.

Outbreak No. 2.—“Unwashed Hands.”

Towards the end of 1950, the health department received word from a school that a number of young children, all in one class, were affected with diarrhoea. Some had abdominal pain as well, but the prominent symptom was diarrhoea. It was known that in the North West Region there had been outbreaks

of a mild form of dysentery during the past two or three years and the bacteriological laboratory soon isolated the same organism from samples of faeces sent to them. In all, some 24 children, ages five to seven years, were affected and there were five other cases at their homes. One teacher and one canteen assistant were also victims. Twelve cases not apparently connected with the school were notified by doctors or otherwise discovered at the same time. After detailed investigation, the outbreak was thought to have been caused by one, or possibly two children starting with acute dysenteric infection, that is diarrhoea, and remaining at school, with the result that the teacher, the canteen assistant and 22 other children contracted it. This form of dysentery is highly infectious in the early stages and the soiling of the lavatory seats and door handles by young children with acute dysentery is unavoidable. Such contamination need not be and usually is not visible. The children did not wash their hands and their soiled underclothing was a further source of infection. It is difficult, if not impossible, for a teacher in charge of a large class of young children to supervise them when they ask to leave the room. What happens when they have diarrhoea is all too obvious, nevertheless, heroic efforts by the staff and detailed hygienic precautions including the liberal use of disinfectant prevented the outbreak from spreading throughout the school.

This dysentery organism is closely related to the food poisoning group and it acts in much the same way. Any person who has it can quickly infect food in a kitchen or canteen, unless they give their hands a thorough cleansing after visits to the toilet. Contamination of the flushing handle of the lavatory and of the door handles and water taps is a point which should not be overlooked.

Parents will realise that school children with diarrhoea should stay at home and adults should be extra careful. If the latter work in the food and catering trade and have an illness with diarrhoea, they should not return to work without being assured by their own doctor or the local Health Department that they are not carrying a dangerous organism.

Outbreak No. 3.—“ Infected Hands.”

During the few days of really warm weather in the summer of 1950, five Prestwich people attended an Agricultural Show outside the district and had lunch there about 1-30 p.m. They were taken ill the same afternoon. The lunch was varied, one had fresh salmon, another roast mutton and a third cold meat and tongue, but all had potato salad.

At 4 p.m. one man was suddenly taken ill as he walked between two horse boxes. He collapsed on the floor and was not found until 6-30 p.m. He was affected with vomiting, diarrhoea and abdominal pain. He returned home by ambulance later that evening. Vomiting continued next day but he was able to return to work on the third day. The second man was taken ill at 5 p.m. with similar symptoms. He was removed to hospital and was so ill that he was given a blood transfusion. The remaining three persons had the same symptoms but were less severely affected. Samples of faeces submitted to the laboratory three days after the event were negative as is usually the case.

Detailed investigation by the local health authority concerned, revealed that a kitchen employee had a small septic cut on his hand. The organism causing the inflammation (*Staphylococcus aureus* Type 47) was one which belonged to a food poisoning group. A similar organism was isolated from the potato salad.* The warm weather which prevailed allowed the organism to multiply and produce a toxic substance, so that within a few hours of the consumption of the potato salad, severe food poisoning occurred.

Many food handlers have small cuts on their hands from time to time, these should be treated at once before they become inflamed and if handling of food is unavoidable, a rubber glove, fingerstall or waterproof dressing should be worn, so as to cover entirely the area affected.

** I am indebted to Dr. R. C. Webster, Medical Officer of Health, Darwen, for the above information.*

Outbreak No. 4.—“ Unregistered Premises.”

One day in May a doctor notified a family outbreak of food poisoning, father, mother, and two children had a meal at 7-30 p.m. consisting of steak, potatoes, gravy, peaches, cream and tea. By 10-30 p.m. all the family, except the mother, had severe abdominal pains, vomiting and diarrhoea. She had not had any of the cream. A sample of the cream was fortunately available when the Sanitary Inspector made his visit and it was sent to the laboratory. The cream had been bottled at a local shop which was not registered for the purpose, the bottles were not labelled, they did not in fact belong to the shopkeeper, neither did the caps. It also happened to be illegal to produce cream at that time. The laboratory succeeded in isolating an organism (*Staphylococcus aureus*) from the cream in very large numbers.

At the same time five similar cases of food poisoning occurred in the Borough but the offending food was cream cheese. It had been prepared by the souring of cream obtained from the same source as that which caused the family outbreak. Another 19 cases were reported in a neighbouring County Borough. The process of souring had been assisted by standing the cream near an open fire. The warmth not only encouraged the growth of the harmless lactic acid bacilli which caused the souring but also allowed the multiplication of the toxin producing staphylococci. *Staphylococcus aureus* was isolated from a number of samples of cream and of cream cheese which had given rise to illness, and from several of the patients. All strains were of the same type (Type 47), one commonly associated with food poisoning.

The source of the milk used for making the cream was traced, and individual samples were taken from 23 cows by the Chief Sanitary Inspector who is both painstaking and versatile. The food poisoning organism in question was absent in every case. The cows appeared to be perfectly well and were passed as fit by a Veterinary Inspector of the Ministry of Agriculture and Fisheries. It has been considered that such organisms may arise from the hands of the milkers, but in this outbreak their refusal to co-operate prevented this point being checked. The milk may have been infected after it left the farm but this point was not proved.

An important feature of this outbreak was the irregular source of the food, cream and cream cheese, which caused the outbreak.

The health department was not entirely convinced that all the information about the source of the cream and what happened to it had been given to them. When food is obtained through unusual channels, the public health safeguards which should operate are by-passed.

No. 5.—The Case of the upset bottle.

Two brothers, one a pharmacist, the other a tailor, had lunch consisting of cooked veal. The pharmacist had tomatoes and chips with his, the brother had sandwiches only. Both notice a bitter taste, the pharmacist thought it might be the tomatoes which he left, or possibly due to the lemonade which he had been drinking. He had eight slices of meat on his plate and on recollection he thought that two appeared to be bitter. His brother noticed only one bitter sandwich, which he spat out. The pharmacist, as was his custom, had a short doze after his meal and he woke up an hour later, which was longer than usual, feeling heavy-eyed and slightly dizzy, with a rather dry

mouth. He had a shave and felt some coldness of the skin of his face. He drove five miles to town, but on arrival felt weak and cold, and had a sense of anxiety. He felt that his speech was slow and that he could not focus his vision properly. About three hours after the meal he was tending to collapse but he managed to get a taxi and go with a friend to hospital. He remembered details after that only vaguely though he did recollect overhearing some students discussing his case, one said, "what are his chances?" and another replied "oh ; 50-50," whilst a member of the nursing staff said, "he doesn't seem to be responding, doctor." This was cold comfort indeed. Meanwhile, his brother the tailor, had gone back to work. Two hours after the meal he found he could not thread or even see a needle close to his eyes. He decided to go for a walk and purchased a newspaper but found he could no longer get the print in focus. He became rather worried. He then received a message that his brother had gone to hospital with suspected acute food poisoning. By now he felt some dizziness and unsteadiness on his feet, so he lost no time and promptly took a taxi to the hospital.

The hospital doctors thought the symptoms resembled atropine (belladonna) poisoning, but owing to the reference to the bitter taste in the food, a message was sent to the health department suggesting that it might be acute food poisoning. Immediate investigation at their home showed that all the veal had been consumed by the two men, except for a small piece which was given to the cat and rejected by that sagacious animal. This had been put on the fire. No one else was ill at the house, but an inspection of the food stored in the domestic refrigerator showed that on the top shelf a small bottle had tipped on its side, the rubber cover had been dislodged by the partial freezing of the contents and some of the liquid had obviously dripped on to the food below. Owing to the fact that a portion was frozen, about half the contents of the bottle were still present. The bottle contained atropine drops for the eyes. The hospital authorities were at once telephoned and their diagnosis of acute atropine poisoning confirmed. The pharmacist had become delirious and had hallucinations. The contents of the bottle were analysed and it was confirmed that the liquid was one per cent atropine. Samples of food remaining in the refrigerator were also analysed but gave negative results for atropine. Both patients made a satisfactory recovery.

This is a most unusual case of food poisoning but it does serve to emphasize the fact that domestic refrigerators should only be used for storing food. It has been noted from time to time that in food shops with refrigerators, articles have been placed there which ought to have been stored elsewhere.

The above examples have been selected because they illustrate very clearly some important principles in regard to the causes of food poisoning and it is hoped that an account of these happenings will serve a useful purpose in spreading a knowledge and understanding of this matter. There has been a tendency recently to over simplify food hygiene, some people believe that if food is refrigerated it will be alright. Clearly this is not the whole truth. There are many ways in which food can become infected. It may be infected right from the start, as is the case with diseased meat or with milk when the cows have some disease. Infected poultry, particularly ducks, may produce infected eggs. All duck eggs should be boiled for eight to ten minutes before consumption. They should not be used in the raw state. Conditions in the slaughterhouse often leave much to be desired, but more often meat and other food is infected on the way to the consumer by a food handler with some illness and unwashed hands. Illnesses with diarrhoea are the most dangerous because some persons become carriers of infection after they have recovered from diarrhoea. Rats, mice, dogs and cats are also occasional carriers of disease germs which cause food poisoning, so also are flies and insects. Germs can reach food from nose and throat infections of food handlers. Coughing and sneezing over the food are ways in which infection can be spread. Finally, the food may have been infected after it has reached the consumer, by faulty methods at home. Septic infection (inflammation) of cuts and abrasions, sores, boils, etc., on the hands and elsewhere can readily infect food. The shorter the time between the origin of the food and its consumption, the less the chance of food poisoning. The less the handling of the food between its origin and consumption, the less the chance of food poisoning. The lower the temperature between the time of origin of the food and its consumption, the less the chance of food poisoning. Made up food dishes are usually the ones which cause trouble—minced-meat, sausage, gravies, soups, stews, patties, pies, custard, trifles, sweets and cream cakes. Often they are prepared several hours in advance and left to cool slowly. It is undesirable that such foods should be so commonly displayed in shop windows directly exposed to the sun, weak as it may be in the Manchester region.

The Borough Council are steadily pursuing a plan of education of food handlers. The new model byelaws for clean food have been adopted. A code of practice has been drawn up for food shops, which means that recommendations which have not yet the force of law have been made for the safer handling of food. A few suggestions have also been made about better habits of members of the public themselves and these will be displayed

on the customers side of the counter. There is a need for more intensive teaching of hygiene in schools but the inadequate facilities in some of them make precept and practice difficult if not impossible.

The Health Department backed by the services of the Public Health Laboratory is always ready to investigate cases of food poisoning and by constant examination of food products maintains a check on their safety.

I would like to acknowledge my indebtedness to Dr. M. T. Parker, Director, and the staff of the Public Health Laboratory (Medical Research Council) Manchester, for the bacteriological work involved in the investigation of these outbreaks and for his helpful advice and criticism in the preparation of this report.

Thanks are also due to the Chief Sanitary Inspector and staff of the Prestwich Health Department who carried out much of the detailed work of the investigations, and to Dr. G. H. Walker, Lancashire County Analyst, who examined the food samples for atropine.

Food Poisoning—"A"

FOOD CAUSING OUTBREAK : Minced meat pie.

AGENT CAUSING OUTBREAK : *Cl. welchii* group.

CASES FORMING OUTBREAK : which occurred from 8th July, 1950, to 9th July, 1950.

TOTAL NOTIFIED : 13. TOTAL ASCERTAINED : 7.

FATAL : Nil.

CLINICAL FEATURES :

Average interval, ingestion to onset—8 to 14 hours.

Main symptoms and severity of illness—Faintness, vomiting, diarrhoea, abdominal pain. Symptoms severe in four cases.

DURATION OF ILLNESS : 1 to 3 days.

RESULTS OF LABORATORY INVESTIGATION : Heat resistant anaerobic organisms isolated in samples of faeces from seven cases.

ORIGIN AND PREPARATION OF FOOD CAUSING ILLNESS : Minced meat from butcher's shop cooked and left to cool in cooking tins on tables overnight. Day after cooking potatoes and seasoning added, then placed in ovens for cooking. Afterwards served for mid-day lunch.

PLACE AT WHICH FOOD CAUSING ILLNESS WAS CONSUMED : Hospital Premises.

ESTIMATED NUMBER OF CONSUMERS AT RISK : Approximately 1,360 including male and female patients and staff.

PROBABLE ORIGIN OF INFECTION OR CONTAMINATION OF FOOD : Cooked minced meat left to cool overnight.

CONTRIBUTORY FACTORS : Difficulty of bulk refrigeration.

Food Poisoning—"B"

FOOD CAUSING OUTBREAK : Potato salad.

AGENT CAUSING OUTBREAK : *Staphylococcus aureus*, type 47.

CASES FORMING OUTBREAK which occurred on the 3rd June, 1950.

TOTAL NOTIFIED—1 Prestwich resident. FATAL—Nil.

(Four other persons, resident or working in Prestwich, were taken ill after attending the show but faeces specimens submitted for bacteriological examination proved negative).

CLINICAL FEATURES :

Average interval, ingestion to onset— $3\frac{1}{2}$ hours.

Main symptoms—Severe diarrhoea and vomiting. The patient required a blood transfusion.

DURATION OF ILLNESS : 1 to 3 days.

PLACE AT WHICH FOOD CAUSING ILLNESS WAS CONSUMED :
An Agricultural Show.

ESTIMATED NUMBER OF CONSUMERS AT RISK : Not known.

PROBABLE ORIGIN OF INFECTION OR CONTAMINATION OF FOOD:

CONTRIBUTORY FACTORS—Kitchen employee had a small septic cut on his hand. The organism causing the inflammation was one which belonged to the food poisoning type.

Food Poisoning—"C"

FOOD CAUSING OUTBREAK : Cream, cream cheese and sour cream.

AGENT CAUSING OUTBREAK : *Staphylococcus aureus*, type 47.

CASES FORMING OUTBREAK which occurred on the 16th May, 1950.

TOTAL NOTIFIED : 5. TOTAL ASCERTAINED : 8
(19 in neighbouring authority). FATAL : Nil.

CLINICAL FEATURES :

Average interval, ingestion to onset—3 hours.

Main symptoms—severe abdominal pains, vomiting and diarrhoea.

DURATION OF ILLNESS : 24 to 36 hours.

RESULTS OF LABORATORY INVESTIGATION :

Cases—Negative reports received on faeces samples from the patients. (*Staphylococcus aureus* not isolated).

Food samples—*Staphylococcus aureus* isolated in :

- (i) Cream obtained from patients house.
- (ii) Sour cream and cream cheese supplied by dealer to patients.
- (iii) Samples of milk from cows.

ORIGIN AND PREPARATION OF FOOD CAUSING ILLNESS :

Cream and cream cheese also sour cream supplied by dealer in neighbouring authority to a shop in the Prestwich area. Milk produced in this area and purchased through dairy by dealer in neighbouring authority.

PLACE AT WHICH FOOD CAUSING ILLNESS WAS CONSUMED :

Cream and cream cheese eaten at homes of patients.

PROBABLE ORIGIN OF INFECTION OR CONTAMINATION OF FOOD : Not settled.

Food Poisoning—"D"

FOOD CAUSING OUTBREAK : Cold cooked veal.

AGENT CAUSING OUTBREAK : 1% Atropine.

CASES FORMING OUTBREAK which occurred on the 29th November, 1950.

TOTAL NOTIFIED—2. FATAL—Nil.

CLINICAL FEATURES :

Average interval, ingestion to onset—1 hour.

Main symptoms, and severity of illness—Dizziness and state of collapse. One patient became delirious and had hallucinations (see Report).

DURATION OF ILLNESS : 1 to 2 days.

RESULTS OF LABORATORY INVESTIGATION : Food samples submitted for examination proved negative. No veal was available at time of investigation.

ORIGIN AND PREPARATION OF FOOD CAUSING ILLNESS :

Cooked veal which had been stored in a domestic refrigerator below a shelf on which was a leaking bottle of atropine (one per cent)

PLACE AT WHICH FOOD CAUSING ILLNESS WAS CONSUMED :

Dwelling-house at rear of shop, the home of the patients.

ESTIMATED NUMBER OF CONSUMERS AT RISK : 2.

PROBABLE ORIGIN OF INFECTION OR CONTAMINATION OF FOOD : The storage of atropine in a domestic refrigerator, the bottle stopper becoming displaced and allowing contents to drip on to food stored below.

SECTION C.

PREVALENCE OF AND
CONTROL OVER
INFECTIOUS AND OTHER
DISEASES

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES.

One death occurred during November, 1950, as a result of diphtheria. This was the first death from diphtheria within the Borough since 1941 and the first case of diphtheria since 1947. A boy aged eight years died suddenly the cause being ascertained after a post mortem examination to be diphtheria. His illness commenced three weeks before, with follicular tonsillitis and this followed three days after a visit from some relatives in an adjoining County Borough. The boy was a member of a large family with eight children who attended four different schools in the district. The father was a registered blind person, a basket maker, and the mother was also nearly blind. It was ascertained that in spite of repeated requests the father had refused immunisation. Several members of the family had sore throats or tonsillitis. The swabs taken from them showed that five were positive for diphtheria, one of the boys aged 13 having already been removed to hospital by the doctor in attendance. All the positive cases were sent to the Florence Nightingale Infectious Disease Hospital, Bury. Four schools in Prestwich were involved. Heys Road Senior Boys, Hope Park Secondary Modern, Park View County Primary and Prestwich Parish C. of E. School. These schools were visited forthwith by the Medical Officer of Health, together with the Assistant Divisional Medical Officer, and the School Nurses. Two hundred and fifty swabs were taken of all class contacts, playmates, home contacts and Sunday School contacts; nose and throat swabs being taken in each case. The visit of relatives which preceded the onset of the child's illness was followed up and the Health Authority concerned were asked to investigate the possibility of a diphtheria carrier being present amongst them. No less than six members of that family were found to be positive for diphtheria and the organism was of the same type—*gravis*—as that from which the boy died. Some of this family had been attending the doctor for sore throats. It was thought possible that the infection came from Ireland from which the second family had come a month ago. Enquiries from the County Medical Officer for Louth, Ireland, were made but there was no record of any case other than a "Mitis" type of infection. All doctors in the Prestwich-Whitefield area were circularised and asked to take swabs from cases of tonsillitis for the next few weeks. No secondary cases occurred. The Public Health Department took 1,076 swabs and medical practitioners 120. Shortly after the diphtheria case occurred a young woman was admitted with a clinical diagnosis of diphtheria having a patch of membrane on her throat but she had been ill for the preceding fortnight and a request for a Paul-Bunnell test showed that the condition was Glandular Fever.

There were two cases of poliomyelitis. A boy aged 13 years developed the illness in August with paralysis of the left arm and leg. He was under treatment for several months. He made a fairly good recovery. The second case which appeared to be unconnected with the first, was a girl aged 12 and it occurred in September. She had paralysis of all four limbs and at the time of writing this report is still in hospital.

A man aged 40 years was removed to hospital suffering from post encephalitis following influenza. He died six days after admission.

An outbreak of Sonn  dysentery occurred during November and December mainly affecting school children in one part of the district. The outbreak spread to members of the families of the school children and one teacher and a school canteen assistant were also infected. Rigorous hygienic measures were enforced at the school and the outbreak was brought to a close. The source of the outbreak appeared to be one child who had attended school for a whole week whilst suffering from a mild attack. All persons affected recovered rapidly in two or three days and there were no deaths.

There were fewer cases of measles and whooping cough than in 1949.

NOTIFIABLE DISEASES (other than Tuberculosis) DURING THE YEAR, 1950.

NOTIFIABLE DISEASES.	TOTAL CASES NOTIFIED.										HOSPITAL.	
	Total cases at all Ages	AGE PERIODS—YEARS.								Total deaths	Total cases removed to hospital from the district	Deaths in persons belonging to district
		0—	1—	3—	5—	10—	15—	25—	45—				65 and over
Scarlet Fever	59	—	4	14	32	7	2	—	—	—	32	—
Diphtheria (including membranous croup)	7	—	—	—	2	3	2	—	—	—	6	—
Measles (excluding rubella)	120	4	24	48	41	2	—	1	—	—	3	—
Whooping Cough	55	4	11	15	22	—	2	—	—	—	—	—
*Acute Pneumonia (primary and influenzal)	19	—	—	3	1	2	—	2	8	3	Not known	2
Puerperal pyrexia	3	—	—	—	—	—	—	3	—	—	3	—
Meningococcal infection	1	—	—	—	—	1	—	—	—	—	1	—
Acute poliomyelitis Paralytic	2	—	—	—	—	2	—	—	—	—	2	—
Acute encephalitis												
Post-infectious	1	—	—	—	—	—	—	1	—	—	1	1
*Dysentery	52	—	5	2	25	2	5	5	5	3	1	—
*Erysipelas	8	—	—	—	—	—	—	3	4	1	—	—
*Food Poisoning	26	—	—	1	4	—	2	7	8	4	4	—
TOTALS	353	8	44	83	127	19	13	22	26	11	53	3

* The following cases included in the above figures occurred in the Prestwich Hospital.
Erysipelas—4. Food Poisoning—13. Pneumonia—5. Dysentery—5.

TUBERCULOSIS.

NEW CASES AND MORTALITY DURING 1950.

Age Periods	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
YEARS—								
0	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	1
2	—	—	1	—	—	—	1	—
5	—	—	—	—	—	—	—	—
10	1	—	1	—	—	—	—	—
15	1	2	1	1	—	—	—	—
20	2	3	—	—	—	—	—	—
25	7	3	—	1	—	2	—	—
35	5	—	—	—	—	—	—	1
45	3	—	—	—	1	1	—	—
55	1	—	—	—	—	—	—	1
65	—	—	—	1	—	—	—	—
75 and upwards	—	—	—	—	—	—	—	—
TOTALS	20	8	3	3	1	3	1	3
	28		6		4		4	

SECTION D.

SANITARY CIRCUMSTANCES

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
PRESTWICH.

September, 1951.

TO HIS WORSHIP THE MAYOR AND ALL MEMBERS
OF THE COUNCIL.

I have the honour in presenting to you the following report on the sanitary circumstances and work carried out in the Borough for the year ended 31st December, 1950.

During the period under review 1,158 sanitary defects or nuisances were discovered and 1,109 abated, 560 informal notices and 42 statutory notices were served.

No legal proceedings were instituted in respect of these notices.

In the Simister area of the district marked progress was attained during the year with regard to the abolition and conversion of all privy closets with open middens to fresh water closets, and the provision of covered dustbins.

The year saw the adoption of new Bye-laws in connection with the Handling, Wrapping and Delivery of Food and Sale of Food in the Open Air. Consequent upon this new legislation, a "Clean Food Campaign" was inaugurated towards the end of the year, and a systematic inspection of all food premises in the district is now being carried out.

Progress with regard to the eradication of rodents within the boundaries of the Borough was made during the year. Two sewer maintenance treatments were carried out and a 10% test showed that a slight infestation only existed in a small section of the district. The number of surface rat infestations decreased and no reservoir infestations existed.

I am, Ladies and Gentlemen,

Your obedient Servant,

L. T. J. TRIPPIER,

CHIEF SANITARY INSPECTOR.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

Water is supplied to this area by the following three authorities :—

1. Manchester Corporation Waterworks.
2. Irwell Valley Water Board.
3. Heywood and Middleton Water Board.

On the whole the supply has been satisfactory in quality throughout the year. The quantity of water is sufficient, although in the Simister area there is only a low pressure.

Of sixteen samples taken for bacteriological examination, all were satisfactory except two, the cause being due to flushing of the mains at the time of sampling. Communications were sent to the Water Authority concerned, and follow up samples proved satisfactory.

Eleven samples were taken for chemical analysis and all were satisfactory except one. The figures for lead were less than 0.1 parts per million in all cases except one showing 0.2 parts per million.

Except for two farms in the Simister area which are supplied by well and spring water, four samples of which proved satisfactory, all houses in the district are supplied direct from the public mains. The only extensions of the supply during the year were to new property.

Drainage and Sewerage.

Sewage is treated at the Council's Sewage Disposal Works, Buckley Lane, Prestwich, in detritus and precipitation tanks (using alumina ferric) afterwards passing through percolating filters to humus tanks and thence the effluent is discharged into the river Irwell. Sludge drying beds are provided. Heavy storm flows are dealt with in separate storm water tanks, prior to discharge into the river. Above six times the dry weather flow is discharged direct to the river.

Simister, which is a semi-rural district away from the main sewer is dealt with in three methods :—

- (1) Part of the area is drained to a small disposal works, consisting of a settlement tank and percolating filter. The effluent is discharged into Whittle Brook Water-course.

- (2) Another area is drained into a large septic tank, the effluent from this is also discharged into Whittle Brook Watercourse.
- (3) Other parts of the district drainage is dealt with by individual septic tanks and cesspools.

Closet Accommodation.	No. 1950.	No. 1949.
Middens	Nil.	9
Closets attached to middens	Nil.	14
Pail Closets	82	115
Fresh Water Closets	10822	10772
Waste Water Closets	32	33
Moveable Dustbins	10935	10902
Waste water closets converted to fresh water closets	1	3
Pail closets converted to fresh water closets	33	2
Privy closets converted to fresh water closets	14	Nil.
Number of houses at which moveable ash-bins were substituted for fixed receptacles	14	Nil.

During the year work was commenced on a conversion scheme in the Simister Area. All privies have now been abolished and fresh water closets installed. The work is still proceeding and it is hoped to serve a large proportion of the Simister area with a public sewer.

Gully Cleansing.

During the year 1,446 premises were visited and 2,561 gullies cleansed by a workman from the department.

Public Cleansing.

The local authority carry out a normal collection of refuse every seven/eight days from all premises in the district. Trade refuse is collected one day per week. There is a special salvage collection every Tuesday. All work is carried out by Dennis freighters. The council have a modern salvage and refuse disposal plant.

An S. & D. Motor Cesspool and Gully Emptier is provided for cesspool cleansing.

Administration of Factories Acts, 1937 and 1948.

Inspections in regard to general hygiene and sanitary accommodation have been carried out. Close co-operation is maintained with H.M. Inspector of Factories. A report given under Section 128 of the Factories Act, 1937, is appended. In accordance with Section 110 of the Factories Act, 1937, one list of outworkers was received in August from a firm making wearing apparel, giving the names of two outworkers. All the addresses given were outside this area and the Local authority concerned was notified.

Outworkers.

Six lists were received from other Local Authorities involving 55 visits to premises. In all cases conditions were found to be satisfactory.

Shops Act, 1950.

332 visits have been made to shops in the area to ascertain that the requirements of the Shops Act are being complied with. Informal action was taken where necessary to abate any infringement of this Act.

Smoke Abatement.

Twenty-three smoke observations were taken during the year and visits to factory premises were made, also discussions with factory owners, managers and boiler firemen regarding the best methods for firing, so as to eliminate smoke nuisances.

The Prestwich Corporation are represented on the Manchester and District Regional Smoke Abatement Committee and have joined a scheme in connection with the investigation of atmospheric pollution.

Bug Infestation.

Three cases of infestation were dealt with during the year including one case in a council house. The houses and furniture of prospective tenants of council houses are inspected before tenancies are taken up. In cases of infested houses the premises are disinfested prior to removal. Joint re-visits by the Housing Supervisor and Sanitary Inspector follow and advice given to tenants.

Insects.

In many cases the attention of the department was called to nuisances arising from the presence of crickets, beetles, moths, and wasp infestation in properties. The use of liquid or powder insecticides dealt effectively with the crickets, beetles and moths, but in the case of wasps gassing measures with Cymag poison gas successfully exterminated the insects, after which the nests were destroyed.

Disinfection.

Disinfection of premises in cases of infectious disease is carried out by formalin spray or formalin vapour.

Infected bedding and other articles suitable for disinfection by steam are removed and dealt with at the Steam Disinfection Station provided by the Council at the Refuse Disposal Works, Prestwich.

Disinfection is carried out by a workman attached to the Public Health Department.

Number of disinfections carried out—

Rooms	141
Articles of bedding and clothing	1,581
Public Library Books	93
Articles, bedding and clothing destroyed	493

The Prevention of Damage by Pests Act, 1949—Infestation Order, 1943.

A full time Rodent Operator is employed by the Council. During the year he carried out investigations and treatments in accordance with the Ministry of Agriculture and Fisheries (Infestation Control Division) methods, and there has been close liaison with the Ministry Officials. A table giving an analysis of the various type of infestations treated is appended.

				Business Premises	Corpor- ation Dwelling Houses	Private Dwelling Houses	Corpor- ation Self- Occupied Property	Total
Type of Infestation.								
Reservoir	....		—	—	—	—	—	—
Major	....	....	11	—	—	1	12	12
Minor	....	....	6	—	14	2	22	22
Mice.								
Major	....	....	13	1	9	1	24	24
Minor	....	....	9	4	51	2	66	66

Sewer Maintenance Treatment.**Second Treatment (Financial year 1949/50).**

Commenced 23rd January, 1950, and completed 23rd February, 1950.

No. of manholes treated 337.

	Complete.	Partial.	No take.
No. of poison takes	—	17	206
Estimated kill—63 rats.			

First Treatment (Financial year 1950/51).

Test baiting commenced 17th July, 1950, completed 24th July, 1950.

No. of manholes test baited 207.

	Complete.	Partial.	No take.
Takes	2	8	197

Treatment commenced 24th July, 1950, and completed 2nd August, 1950.

No. of manholes baited 141

No. of manholes showing prebait take 8

No. of manholes showing complete take 2
(on one or both days)

In addition to the Public Sewers being treated, two treatments were carried out in the sewers situated in the Prestwich Hospital Grounds.

SUMMARY OF INSPECTIONS.

	Premises.	Inspections.	Re- Inspections
Conversions—Waste Water to Fresh Water			
Closets	2	1
Cess Pools	21	11
Cowsheds	24	21
Drains	404	279
Dust Bins—Defective	440	227
Dwelling-houses re—Rent Restrictions Acts		6	3
,, re Overcrowding	101	36
,, re Dirty Condition	92	37
,, re Infectious Disease	165	46
,, Under Housing Acts	43	15
,, Rooms disinfected	35	1
,, In insanitary areas, etc.	10	—
,, Under Public Health Acts		1244	1172
Explosives	51	—
Food Control	237	158
Food Preparing	102	61
Fried Fish Shops	35	3
Milk Samples	15	15
Notices served—Preliminary	560	538
Statutory	42	—
Housing Act Inspection	3	2
Outworkers	37	18
Piggeries	56	48
Public and other conveniences	159	90
Prevention of Damage by Pests Act	261	147
References to—Borough Engineer	46	4
Town Clerk	49	4
Water Department	17	6
Schools—Infectious Disease Notices served		66	16
,, re Sanitary Accommodation	23	3
Shops re Imported meat	2	1
,, re Meat	3	—
,, re Other foods	150	114
Slaughter-houses	18	7
Smoke observations	23	8
Special complaints	30	12
Septic Tanks	43	42
Stables	6	5
Tents, vans and sheds	3	—
Tips, Refuse	104	50
Water—Samples taken	27	—
Water Courses	57	31
Yards and courts	36	10
Miscellaneous	119	56
Tenancy	34	—
Totals	<u>5001</u>	<u>3298</u>

Factories, shops, etc.—

Bakehouses—No mechanical power used	11	9
„ Mechanical power used	32	6
Dairies and Milkshops	4	1
Factories—No mechanical power used	32	19
„ Mechanical power used	31	18
Ice-Cream	160	95
Offensive Trades	1	—
Offices, etc.	8	2
Places of public entertainment	25	30
Preserved meat	4	—
Restaurant Kitchens	18	4
Shops	274	58
Re Young Persons (Employment) Act	21	1
Totals	621	243

Drainage.

Drains tested or Examined ...	296
Drains found defective ...	191
Drains Reconstructed	100

Schools.

There are 13 schools in the district, and the sanitary conditions of these are analysed in the following table—

Number of schools with unsatisfactory yard surfaces	5
---	---

Sanitary Accommodation.

Number of schools with fresh water closets only	12
Number of schools with pail closets only	1

Refuse Disposal.

All schools are supplied with dustbins.

Water Supply.

All schools are supplied from the public mains.

Washing and Drinking facilities.

Eight schools have insufficient washing facilities.

Eleven schools have insufficient drinking facilities.

Drainage.

All schools except one have drains connected to the public sewers.

Facilities for Handling Meals.

In the majority of cases the methods for handling and serving meals are considered satisfactory. Some room for improvement still exists in the older schools. Eradicatory methods against rodents have been necessary in three instances. School meals are prepared at a Central Depot outside the Borough Area.

FACTORIES ACTS, 1937 and 1948.

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	71	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	75	87	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	1	1	—	—
TOTAL	87	159	2	—

2.—CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found			Referred By H.M. Inspector	Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector		
Want of cleanliness (S.1.)	—	1	—	—	—
Overcrowding (S.2.)	—	—	—	—	—
Unreasonable temperature (S.3.)	1	—	—	—	—
Inadequate Ventilation (S.4.)	—	1	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7.)	—	—	—	—	—
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	2	1	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out- work)	—	—	—	—	—
TOTAL	3	3	—	1	—

SECTION E.

HOUSING

HOUSING CONDITIONS.

The standard of houses in the district is generally satisfactory but the older property is deteriorating due to high cost of maintenance.

In the district there are approximately—

25% terrace type	Over 40 years old.
5% large semi. or detached	do. do.
25% mostly detached and semi-detached	Between 20 and 40 years, old.
45% semi-detached and detached	Under 20 years old.

The most prevalent types of houses in the area are semi-detached.

Overcrowding.

There is still a shortage of houses in the district and the Council's waiting list contained 1,079 names of applicants at the end of 1950.

	Rooms.	House-holders.	Total.
Registered for 3 bedroom type	474	232	706
Registered for 2 bedroom type	271	38	309
Registered for 4 bedroom type	—	9	9
Registered for flats	35	20	55
	<hr/> 780	<hr/> 299	<hr/> 1079

Although no new cases of legal overcrowding were discovered during the year, there were several cases of moral overcrowding (i.e. shortage of bedroom accommodation). These generally result from the housing of newly-weds at homes of parents and the growing up of children in mixed families.

During the year the following work was carried out in connection with housing—

1. Inspection of dwelling-houses during year—
 - (1) (a) Total number of dwelling-houses inspected formally or informally for housing defects (under Public Health or Housing Acts) 1,244
 - (b) Number of inspections, formal or informal, made for the purpose 2,416
 - (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 Nil.
 - (b) Number of inspections made for the purpose Nil.

(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil.
(4)	Number of dwelling-houses (exclusive of those referred to under the preceeding sub-head) found not to be in all respects reasonably fit for human habitation	118
2.	Remedy of defects during the year without service of formal notices— Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers	73
3.	Action under statutory powers during the year—	
(a)	Proceedings under sections 9, 10 and 16 of the Housing Act, 1936—	
(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	Nil.
(2)	Number of dwelling-houses which, after service of formal notices, were rendered fit—	
(a)	By owners....	Nil.
(b)	By local authority in default of owners....	Nil.
(b)	Proceedings under Public Health Acts—	
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	20
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices—	
(a)	By owners	18
(b)	By local authority in default of owners	Nil.
(c)	Proceedings under section 11 and 13 of the Housing Act, 1936—	
(1)	Number of dwelling-houses in respect of which Demolition Orders were made	Nil.
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	Nil.
(d)	Proceedings under section 12 of the Housing Act, 1936—	
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil.

- (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit. Nil.
4. Housing Act, 1936—Part IV.—Overcrowding—
- | | |
|--|------|
| (a) (i) Number of dwellings overcrowded at the end of the year | 4 |
| (ii) Number of families dwelling therein | 9 |
| (iii) Number of persons dwelling therein | 26½ |
| (b) Number of new cases of overcrowding reported during the year | Nil. |
| (c) (i) Number of cases of overcrowding relieved during the year | 2 |
| (ii) Number of persons concerned in such cases | 23 |
5. Housing Act, 1949—
- | | |
|--|------|
| (a) (i) Number of Schemes submitted— | |
| (a) by private individuals | Nil. |
| (b) by the local authority | Nil. |
| (ii) Number of dwelling-houses affected | Nil. |
| (b) (i) Number of Schemes approved— | |
| (a) of private individuals | Nil. |
| (b) of the local authority | Nil. |
| (ii) Number of dwelling-houses affected | Nil. |
| (iii) Number of additional separate dwellings provided | Nil. |
| (c) Any other action taken (give brief particulars) | Nil. |
6. The number of new houses erected during the year—
- (1) By the Local Authority—
- 5 permanent non-traditional houses.
- (2) By other bodies or persons—
- 14 permanent traditional houses.

SECTION F

INSPECTION AND
SUPERVISION OF FOOD

INSPECTION AND SUPERVISION OF FOOD.

A periodical inspection of shops is carried out especially where food is manufactured or sold other than pre-packed. If any unsatisfactory conditions are found, advice is given to the shopkeeper concerned and they are usually willing to co-operate with the department.

During the year a Clean Food Campaign was commenced and letters enclosing a copy of the Model Food Byelaws were sent to all shopkeepers in the area handling food, these being followed by a systematic inspection of every shop in the area. The work is now in progress.

A joint meeting of the Chief Sanitary Inspectors in Division 12 was held by the Divisional Medical Officer who is also the Medical Officer of Health. The Medical Officer of Health and Chief Sanitary Inspector of Bury County Borough joined in the discussion, which was to formulate a uniform code of practice in regard to Food Hygiene throughout the area. The County Sanitary Inspector also attended. The recommendations agreed at the joint meeting were put before the respective authorities and after approval are now being put into practice.

ADULTERATION, ETC.

SAMPLING UNDER FOOD AND DRUGS ACT, 1938.

The Lancashire County Council administered the above and I am indebted to Dr. S. C. Gawne, County Medical Officer of Health, for the following particulars of samples taken within the district—

A total of 184 samples was obtained; of these 131 were of milk and the 53 others comprised—

1 medicinal paraffin.	2 glycerine of borax.
2 zinc ointment.	1 liquid paraffin.
3 epsom salts.	3 aspirin tablets.
4 sulphur ointment.	3 ice cream.
5 jam.	2 pepper, white.
1 batter mixture.	1 blanc mange powder.
4 arrowroot.	1 seidlitz powder (double strength)
3 gregory powders.	3 seidlitz powders.
4 whisky.	1 syrup.
3 butter.	3 bacon.
2 treacle.	1 cheese spread.

All the above samples were certified by the County Analyst to be genuine with the exception of the following—

SAMPLE.	RESULT OF ANALYSIS.	ACTION TAKEN.
1 formal milk	Deficient 30 per cent fat.	Prosecution. Vendor fined £2 and £6 6s. 0d. costs.
1 informal milk.	Deficient 1.1 per cent solids-not-fat. The freezing point indicated the presence of 1.5 per cent of extraneous water.	Vendor cautioned and further sample obtained
1 informal milk.	Deficient 6.6 per cent fat and slightly low in solids-not-fat.	Food and Drugs authority, in whose area milk was produced, notified.
1 informal milk	Deficient 3.3 per cent fat and slightly low in solids-not-fat.	Vendor notified.
1 informal milk	Deficient 3.3 per cent fat and 2.9 per cent solids-not-fat. The freezing point indicated the presence of 3.1 per cent of extraneous water.	Same vendor. Vendor cautioned and further samples obtained.
1 informal milk	Deficient 3.3 per cent fat. The freezing point indicated the presence of 1.3 per cent of extraneous water.	
1 informal milk	Deficient 3.3 per cent fat.	Vendor interviewed.
1 formal milk.	The freezing point indicated the presence of 0.6 per cent of extraneous water.	Further samples obtained.
1 informal milk	The freezing point indicated the presence of 3.1 per cent of extraneous water.	Same vendor. Vendor cautioned and further samples obtained.
1 informal milk	The freezing point indicated the presence of 1.3 per cent of extraneous water.	
1 informal milk	The freezing point indicated the presence of 2.5 per cent of extraneous water.	Same vendor. Vendor cautioned and further samples obtained.
1 informal milk	The freezing point indicated the presence of 1.6 per cent of extraneous water.	
1 informal milk	The freezing point indicated the presence of 0.8 per cent of extraneous water.	
1 informal milk	The freezing point indicated the presence of 0.6 per cent of extraneous water.	

SAMPLE.	RESULT OF ANALYSIS.	ACTION TAKEN.
1 informal milk	Deficient 2·3 per cent solids-not-fat. The freezing point indicated the presence of 1·0 per cent of extraneous water.	Vendor cautioned and further samples obtained.

FOODSTUFFS CONDEMNED, 1950.

The following articles of food on inspection were found to be unfit for human consumption and voluntarily surrendered by the food dealers concerned.

43 tins	Meat.
24-lbs.	Pork Sausages.
18-lbs.	Beef Sausages.
9½-lbs.	Pressed Beef.
26-lbs. 11-ozs.	Bacon.
35-lb. tinned.	Ham.
2 tins	Sardines.
7 tins	Pilchards.
28 tins	Salmon.
1 tin	Crawfish.
5 stone	Lemon Soles.
14 tins	Peas.
13 tins	Beans.
22 tins	Tomatoes.
1 tin	Gooseberries.
2 tins	Peaches.
1 tin	Rhubarb.
38 tins	Pears.
2 tins	Damsons.
2 tins	Plums.
96 tins	Cherries.
2 tins	Apricot Jam.
1 tin	Plum Jam.
105 tins	Milk.
1	Pudding.
3	Xmas Pudding.
5-lb.	Cheese.
1	Vegetable Soup.
1	Meat Soup.
3 tins	Malt Cup.
7 tins	Malted Milk.
8 tins	Chocolate Spread.
1 bottle	Salad Cream.
1 bottle	Lemon Squash.
1-lb. 12-oz.	Wine Gums.
5-lb. 10¼-oz.	Chocolate Nuggett.
3-lb. 3-oz.	Chocolate Caramels.
90	Coconut Chocolate Bars.
1 carton	Candied Peel.
15 packets	Table Dessert.

Milk Supply.

(a) Licences.

The following licences under the Milk (Special Designations) (Raw Milk) Regulations, 1949, and the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949, have been issued.

Tuberculin Tested Milk :

Bottling—Nil. Distribution—18.

Pasteurised Milk :

Retail Distributors—21.

Sterilised Milk :

Retail Distributors—27.

(b) Dairies and Milk Shops.

At the end of the year there were 50 distributors of milk operating from—

(i) Own dairies in the district ....	....	....	2
(ii) Dairy farms in the district ....	....	....	6
(iii) Other premises inside the district ....	....	....	30
(iv) Premises outside the district ....	....	....	12

(c) Samples.

1. Raw Milk—

	No. of Samples.	No. Positive	No. Negative.
(i) Tuberculosis—			
Biological tests	1	Nil.	1
	No. of samples.	No. Satis- factory	No. Un- satis- factory
(ii) Bacteriological examinations	37	28	9

2. Heat Treated Milk—

(i) Phosphatase test	2	2	Nil.
(ii) Methylene blue re- duction test	2	2	Nil.
		No. Positive	Negative
(iii) Tuberculosis	2	Nil.	2

Meat Supply.

There are two licensed private slaughter houses in the district. There is also a slaughter house at the Prestwich Hospital where 14 pigs were slaughtered in December. At the request of the Secretary of the Hospital, they were inspected by the Sanitary Inspector and found to be fit for human consumption.

Five Slaughtermen's Licences were renewed during the year.

The retail meat shops have been regularly visited to inspect the meat and to ascertain that the Public Health (Meat) Regulations were being observed. Conditions have been generally satisfactory, and no statutory action has been necessary.

Ice Cream.

During the year 15 applications for the registration of premises for the sale or manufacture of ice-cream were investigated, and thirteen were approved subject to compliance with the Lancashire County Council Ice-cream Codes of Practice, the other two being voluntarily withdrawn by the applicants when informed of structural and other alterations considered necessary.

Routine inspections of shops and premises where ice-cream is sold and manufactured were carried out during the year.

In no case was it necessary to take formal action.

Bakehouses, Food Shops and Fish Fryers.

Routine inspections have been made of the above premises throughout the year, and where any defects or unsuitable conditions were found, a letter and specification of works was sent. In all cases shop keepers were willing to co-operate with the department in carrying out any necessary requirements.

SECTION G.

GENERAL

STORAGE OF PETROLEUM AND PETROLEUM SPIRIT.

Licences were granted to 19 firms for the keeping of Petroleum to which the Petroleum Acts apply, and to five firms for Cellulose Solution, each licence being for the duration of twelve months.

All the petroleum and cellulose is kept in underground steel tanks or separate stores, specially constructed of fire-proof material throughout, and the Regulations otherwise complied with.

Game Act 1831.

Four licences to deal in game were granted by the Council.

Pawnbroker's Licence.

One certificate was issued authorising the granting of a licence to carry on the business of pawnbroker.

BYE-LAWS IN FORCE IN THE DISTRICT.

New streets and buildings byelaws	dated, 1926, amended in 1927 and 1931.
Building Byelaws under the Public Health Act, 1936	dated, 28th September, 1939.
Removal of Offensive Matter Byelaws under Section 82 of the Public Health Act, 1936	dated, 1st August, 1947.
Nuisance Byelaws under Section 81 of the Public Health Act, 1936.	dated, 1st August, 1947.
Offensive Trades Byelaws	dated 1st October, 1947.
Good Rule and Government Byelaws.	dated, 1st April, 1948.
Hackney Carriages Byelaws	dated, 1st January, 1949.
Prohibiting the sale of Contraceptives in Slot Machines	dated 25th January, 1950.
Sale of Clean Food	dated 30th May, 1950.

